<p align="center">**House of Representatives: Public Health Committee**</p>

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Interim Charge 3—Identify gaps in the continuum of care for individuals with disabilities and challenges for those providing care to them. Additionally, identify any existing administrative and licensing barriers that negatively affect overall behavioral health capacity in the state.

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 27 local NAMI affiliate organizations and approximately 2,000 members.

<p align="center">**Mental Health Care System Capacity in Texas**</p>

The mental health care system in Texas does not have the capacity to meet the full range of consumer needs. Population growth and workforce shortages jeopardize the ability to provide the proper care in rural communities. According to the Health Resources and Services Administration, 206 out of 254 counties in Texas qualified as full or partial Health Professional Shortage Areas (HPSA). Partial HPSA generally occurs in urban areas where the mental health workforce is unevenly distributed.[i]

Workforce shortages are exacerbated by high workforce turnover, an aging workforce, and low compensation. Research has shown[ii]:

- 185 counties in Texas did not have a single licensed psychiatrist
- 149 counties in Texas did not have a single licensed psychologist
- 40 counties in Texas did not have a single licensed social worker

Additionally, gaps in the mental health care continuum create additional barriers to receiving adequate mental health services in underserved or rural communities. According to Texas Health and Human Services, 1,043 adults and 155 children in underserved communities were waiting for the appropriate mental health services, as of March 2020.[iii]

A recent report by the National Council of Behavioral Health identifies cost as the most significant barrier to receiving mental health services, which includes increased out-of-pocket costs, inadequate insurance coverage, and lack of publicly funding care.[iv] Lack of awareness on where and how to access mental health care and the stigma associated with seeking care create additional barriers in seeking mental health care.

Further, approximately 1,100 individuals are languishing in local or county jails and state prisons while awaiting competency restoration services through the state hospital system.[v] Inadequate

access to mental healthcare for prisoners and inmates living with serious mental illness may worsen treatment outcomes, jeopardize prisoner or inmate and prison or jail staff safety, and increase the risk of homelessness, emergency service utilization, substance use, and recidivism upon prison or jail exit.[vi, vii]

Finally, the physical, social, and economic impact of COVID-19 have negatively impacted the mental health of millions of Texans and created new barriers in service receipt. According to the Kaiser Family Foundation, 53% of adults in the United States reported that their mental health had been negatively impacted by COVID-19, including difficulty sleeping and eating, increased alcohol or substance use, and worsening chronic conditions, due to worry and stress.[viii] Frontline healthcare workers are particularly hard hit, experiencing PTSD and PTSD-like symptoms.[ix]

To improve equity in access and availability of mental health services for all Texans, Texas must address workforce shortages, barriers to service receipt, and inequities in service delivery.

Solutions to Workforce Shortages

Grant APRNs Full Practice Authority—Access to comprehensive care can be difficult for rural or underserved communities. Advanced Practice Registered Nurses (APRNs) make up the fastest-growing segment of healthcare providers in the United States.[x] However, restrictions in scope-of-practice limit the quality and quantity of care APRNs can provide to communities most in need. Research demonstrates that granting full practice authority to Advanced Practice Registered Nurses (APRN) will likely increase access to healthcare services, including mental and behavioral healthcare, and may improve quality of care without an associated cost increase. Texas should grant APRNs full practice authority to improve access to mental health care in underserved communities.

Maintain Improvements in Access and Capacity to Telehealth Services—Telehealth increases access and availability of mental health services to underserved populations and has been shown to be as effective in diagnosis and assessment as face-to-face interventions.[xi] Telehealth can also promote treatment continuity for individuals living with underlying medical conditions that increase risk for severe illness from infectious exposure, such as COVID-19.[xii] In order to improve access to telehealth services, Texas should:
- Make permanent the emergency exemptions for telehealth services in response to COVID-19[xiii]
- Increase funding for rural broadband internet access to improve behavioral healthcare delivery

Invest in Support Groups and Education Classes for Families, Peers, and Providers—Mutual support groups and education classes provide individuals living with mental illness the opportunity to express their feelings, develop coping skills, share resources, and build lasting relationships. Support groups also help to reduce feelings of loneliness, isolation, anxiety, and depression.[xiv] Further, support groups can provide family members the skills, techniques, and resources to support the recovery of their loved ones, improving their opportunities for success. Texas should provide funding for family and peer-led education and support programs, such as those offered by NAMI, to help address gaps in the mental health care continuum.

Solutions to Barriers in Service Receipt

Enhance Medicaid and CHIP Coverage for Low-Income Adults and Families—The federal government offers states Medicaid expansion funding to create an insurance option for low-wage adults. Unfortunately, Texas has declined these funds and, as a result, over 400,000 Texans with mental health or substance use concerns have not been given the opportunity to obtain insurance coverage.[xv] Texans with health insurance are nearly 50 percent more likely to receive mental health care compared to Texans who lack coverage. Texas should accept federal funding to increase Medicaid eligibility to low-wage adults as well as protect funding for Medicaid and CHIP for low-income children.

Support Mental Health Programs and Community Partnerships—The 1115 Transformation Waiver provides critical funding for uninsured individuals, innovative mental health programs, and integrated care through community partnerships. The Waiver is a vital revenue source for rural and low-income communities to address health disparities. It has funded 1,400 projects serving 12 million Texans.[xvi] However, the waiver is set to expire in 2021, jeopardizing essential programs and services for individuals living with mental illness. To ensure that low-income and uninsured Texans receive mental health services, Texas should seek to extend the 1115 Transformation Waiver.

Implement Policies that Provide Insurance Equity—In 2017, the Legislature passed HB 10, requiring parity between mental health benefits and medical and surgical benefits in fully-insured products. Unfortunately, inadequate compliance and enforcement has allowed inequity in coverage to persist. To ensure greater equity in health care coverage, Texas should:
- Develop and maintain standardized compliance tools that align with best practices to evaluate parity compliance
- Require all insurance plans complete a parity analysis using the standardized tool and submitting said analysis to the appropriate regulatory authority
- Align parity complaints and investigations processes in other states.
- Invest in educating stakeholders in their parity right and responsibilities.

Solutions to Inequities in Service Delivery

Sustain Investment in State Hospital Redesign and Reconstruction—Over the last two legislative sessions, the Legislature has invested $745 million in the construction and renovation of hospitals in Austin, Kerrville, Rusk, San Antonio, and Houston. Additional investment is needed to complete these projects. Without additional funding, the need to modernize care and expand capacity will not be met. Individuals with mental illness will continue to languish in jails waiting for care and the non-criminal justice population will be excluded from care. Texas should:
- Provide continued investment in the redesign and reconstruction of the State Hospital System
- Increase investment in private psychiatric care to expand access to localized care

Increase Medicaid Reimbursement Opportunities and Rates for Peer Support Services—Certified Peer Support Specialists utilize lived experience to provide non-clinical services that promote

shared understanding, respect, and mutual empowerment with those they serve.[xvii] Recipients of peer support experience increased social networks and improved mental health outcomes.[xviii] Unfortunately, limited opportunities for Medicaid reimbursement and low reimbursement rates for peer services jeopardize this valuable mental health treatment resource. To ensure adequate and equitable access to peer support services, Texas should:

- Expand peer supervisor qualification criteria to allow certification of peers with non-clinical or masters-level licensure
- Provide opportunities for Medicaid reimbursement to consumer-operated programs and organizations
- Increase Medicaid reimbursement rates for peer support services

Expand Competency Restoration Options and Improve Competency Restoration Processes—In Texas, approximately 900 prisoners and jail inmates are awaiting competency restoration through the state hospital system.[xix] The average number of days to obtain a maximum security and non-maximum-security placement are 289 and 76 days, respectively. Prolonged waits for competency restoration can worsen mental health outcomes, contribute to an over-crowded prison and jail systems, and jeopardize the safety of prisoners, inmates, and prison or jail staff. To improve administration, oversight, and delivery of competency restoration services, Texas should:

- Increase investment in community- and jail-based competency restoration programs, step-down and transitional housing, and mental health diversion programs.
- Establish an oversight body that trains and certifies competency restoration evaluators, maintains an evaluator registry, and assesses program efficacy and fidelity.

Conclusion

The mental health care system in Texas does not have the capacity to meet the full range of consumer needs. Gaps in the care continuum jeopardize the ability to provide the proper care to all Texans. To improve equity in access and availability of mental health services, Texas must address workforce shortages, barriers to service receipt, and inequities in service delivery.

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